

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567283

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12	1					
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53				1		
54				1		
55				1		
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98						
99						
100						
TOTAL IND.		↓		5	↓	
TOTAL DEP.		←		25	←	
TOTAL CLAIMS				30		